## Good Morning,

The Small Business Development Division (SBD) has received an inquiry from a Non-User Department (American Airlines Arena) for the purchase of First Aid Supplies. Please see the product descriptions as set forth in this e-mail and respond indicating whether or not your firm is capable of providing these products.

The feedback received by SBD will be provided to the non-user department that is requesting this information.

## The deadline for responses to this Verification of Availability is Friday, May 22nd, 2015 at NOON.

| Quantity | Item ID  | Item Description                   | Unit | Able to Provide? Place an "X" if you can supply this item |
|----------|----------|------------------------------------|------|---|
| 8        | MED21173 | Hydrocortisone Cream 1% 25-Pack    | Box  |   |
| 8        | MED22373 | Triple Antibiotic Ointment 25-Pack | Box  |   |
| 8        | MED26073 | Burn Cream w/Lidocaine 25-Pack     | Box  |   |
| 7        | MED72401 | Instant Cold Pack 4" x 6" Boxed    | Each |   |
| 8        | MED61450 | Elastic Bandage 7/8 x 3 50-Pack    | Box  |   |
| 8        | MED61578 | Fingertip Bandage 40-Pack          | Box  |   |
| 8        | MED61678 | Knuckle Bandage 40-Pack            | Box  |   |
| 8        | MED61773 | Large Fingertip Bandage 25-Pack    | Box  |   |
| 8        | MED61873 | 2x3 Elastic Patch 25-Pack          | Box  |   |
| 8        | MED62550 | 1x3 Woven Bandage 50-Pack          | Box  |   |
| 5        | MED60033 | 1x3 Plastic Bandage 100-Pack       | Box  |   |
| 2        | MED61101 | Tri-Cut Adhesive Tape 2" x 5yd     | Each |   |
| 2        | MED62301 | Elastic Tape 1" x 5yd              | Each |   |
| 1        | MED60901 | Medi-Rip Wrap 2" x 5yd             | Each |   |
| 1        | MED63101 | Medi-Rip Wrap 3" x 5yd             | Each |   |
| 5        | MED19818 | Medi-First Eye Wash 4 oz.          | Each |   |
| 1        | MED22150 | Alcohol Prep Pads 70% 50-Pack      | Box  |   |

| Are you able to provide the items included in the attachment to this e-mail? YES NO   |
|---|
| Do you currently have the item(s) in stock? YES NO  |
| If not, what is the amount of time needed to provide the items? Days  |
| Name of Firm  |
| Contact Person  |
| Telephone Number  |
| Fax Number  |
| E-Mail Address  |
| The response to this inquiry may be sent <b>via facsimile transmission to (305) 375-3160 or via email to <u>kellyd@miamidade.gov</u>. If you have any questions, please contact me at (305) 375-3147.</b> |

## **Kelly Duncombe**

Regards,

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